HEARTLAND HEALTH CARE CENTER-PEWAUKEE

N26 W23977 WATERTOWN ROAD

WAUKESHA 53188		3 E	hone:(262) 523	-0933	Ownership:	Corporation
Operated from	1/1 To	12/31	Days of Opera	tion: 365	Highest Level License:	Skilled
Operate in Conj	junction	with Ho	spital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up a	and Staf	fed (12/31/03): 120	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capa	acity (1	.2/31/03):	120	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on	12/31/0	3:	114	Average Daily Census:	116

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	응	
Home Health Care	No	Primary Diagnosis	용	Age Groups	용		27.2	
Supp. Home Care-Personal Care	No					1 - 4 Years	49.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years	7.0	
Day Services	No	Mental Illness (Org./Psy)	51.8	65 - 74	11.4			
Respite Care	Yes	Mental Illness (Other)	0.9	75 - 84	39.5		83.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.2	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.3	Full-Time Equivalent		
Congregate Meals No		Cancer				- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.1		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	10.5	65 & Over	97.4			
Transportation	No	Cerebrovascular	6.1			RNs	6.6	
Referral Service	Yes	Diabetes	0.0	Gender	%	LPNs	14.9	
Other Services	No	Respiratory	7.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.5	Male	33.3	Aides, & Orderlies	46.6	
Mentally Ill	No			Female	66.7			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
Developmentarry Disabled	140			! 	100.0	1		

Method of Reimbursement

	Medicare (Title 18)						edicaio itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Residents	- Of		
Int. Skilled Care	0	0.0	0	 2	3.1	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8		
Skilled Care	21	100.0	300	52	80.0	126	0	0.0	0	28	100.0	189	0	0.0	0	0	0.0	0	101	88.6		
Intermediate				11	16.9	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	9.6		
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	21	100.0		65	100.0		0	0.0		2.8	100.0		0	0.0		0	0.0		114	100.0		

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Percent Admissions from:	i	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		82.5	17.5	114
Other Nursing Homes	2.6	Dressing	0.0		78.9	21.1	114
Acute Care Hospitals	84.8	Transferring	15.8		72.8	11.4	114
Psych. HospMR/DD Facilities	2.0	Toilet Use	6.1		71.9	21.9	114
Rehabilitation Hospitals	6.6	Eating	24.6		67.5	7.9	114
Other Locations	0.7 *	*******	*****	*****	*****	*****	******
Total Number of Admissions	151	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	6.1	Receiving Resp	iratory Care	6.1
Private Home/No Home Health	29.0	Occ/Freq. Incontinen	t of Bladder	50.0	Receiving Trac	heostomy Care	0.9
Private Home/With Home Health	6.5	Occ/Freq. Incontinen	t of Bowel	42.1	Receiving Suct	ioning	0.0
Other Nursing Homes	2.6	<u>-</u>			Receiving Osto	my Care	2.6
Acute Care Hospitals	16.1	Mobility			Receiving Tube	Feeding	2.6
Psych. HospMR/DD Facilities	0.6	Physically Restraine	d	7.9	Receiving Mech	anically Altered Diet:	6.1
Rehabilitation Hospitals	0.0				_	<u>-</u>	
Other Locations	9.0 i	Skin Care			Other Resident C	haracteristics	
Deaths	36.1	With Pressure Sores		7.9	Have Advance D	irectives	95.6
Total Number of Discharges	i	With Rashes		1.8	Medications		
(Including Deaths)	155 i				Receiving Psyc	hoactive Drugs	56.1

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This		ership: prietary		Size: -199		ensure: lled	Al	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	ଚ	Ratio	%	Ratio	용	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	84.7	1.14	87.0	1.11	86.6	1.12	87.4	1.11
Current Residents from In-County	77.2	81.8	0.94	86.4	0.89	84.5	0.91	76.7	1.01
Admissions from In-County, Still Residing	23.8	17.7	1.35	18.9	1.26	20.3	1.17	19.6	1.21
Admissions/Average Daily Census	130.2	178.7	0.73	166.7	0.78	157.3	0.83	141.3	0.92
Discharges/Average Daily Census	133.6	180.9	0.74	170.6	0.78	159.9	0.84	142.5	0.94
Discharges To Private Residence/Average Daily Census	47.4	74.3	0.64	69.1	0.69	60.3	0.79	61.6	0.77
Residents Receiving Skilled Care	90.4	93.6	0.97	94.6	0.96	93.5	0.97	88.1	1.03
Residents Aged 65 and Older	97.4	84.8	1.15	91.3	1.07	90.8	1.07	87.8	1.11
Title 19 (Medicaid) Funded Residents	57.0	64.1	0.89	58.7	0.97	58.2	0.98	65.9	0.87
Private Pay Funded Residents	24.6	13.4	1.83	22.4	1.10	23.4	1.05	21.0	1.17
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	52.6	32.2	1.64	34.3	1.53	33.5	1.57	33.6	1.57
General Medical Service Residents	17.5	20.8	0.84	21.0	0.84	21.4	0.82	20.6	0.85
Impaired ADL (Mean)	53.5	51.8	1.03	53.1	1.01	51.8	1.03	49.4	1.08
Psychological Problems	56.1	59.4	0.95	60.0	0.94	60.6	0.93	57.4	0.98
Nursing Care Required (Mean)	3.5	7.4	0.47	7.2	0.49	7.3	0.48	7.3	0.48